

The Florida House of Representatives
Appropriations Project Request - Fiscal Year 2022-23
For projects meeting the definition of House Rule 5.14

1. Title of Project: Davis-Bradley Mental Health Overlay: Integrated Mental Health and Substance Use Disorder Treatment for Offenders
2. Date of Submission: 10/21/2021
3. House Member Sponsor: Chris Latvala

4. Details of Amount Requested:

- a. Has funding been provided in a previous state budget for this activity? Yes
- b. What is the most recent fiscal year the project was funded? 2021-22
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request.

FY:	Input Prior Year Appropriation for this project for FY 2021-22 <i>(If appropriated in 2021-22 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2022-23 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated	Recurring Base Budget	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds
Input Amounts:		250,000	250,000		447,000	447,000

- e. Provide the total cost of the project for FY 2022-23 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request	447,000	100.0%	N/A
2. Federal	0	0.0%	No
3. State (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local	0	0.0%	No

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5. Other	0	0.0%	No
TOTAL	447,000	100%	

5. Is this a multi-year project requiring funding from the state for more than one year?

No

6. Which is the most appropriate state agency to place an appropriation for the issue requested? Department of Corrections

a. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes

b. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Mandatory corrective action and performance improvement activities. Without improvement, return of funds.

7. Requester:

a. Name: Frank Rabbito

b. Organization: WestCare Foundation, Inc.

c. Email: frank.rabbito@westcare.com

d. Phone #: (305)799-1286

8. Contact for questions about specific technical or financial details about the project.

a. Name: Larry McArthur

b. Organization: WestCare Foundation, Inc.

c. Email: larry.mcarthur@westcare.com

d. Phone #: (727)291-3017

9. Registered lobbyist working to secure funding for this project.

a. Name: Travis W. Blanton

b. Firm: Johnson & Blanton

c. Email: cheryl@teamjb.com

d. Phone #: (850)224-1900

10. Organization or Name of entity receiving funds:

a. Name: WestCare GulfCoast-Florida, Inc.

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- b. County (County where funds are to be expended): Pinellas
 c. Service Area (Counties being served by the service(s) provided with funding): Pinellas

11. What type of organization is the entity that will receive the funds?

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

12. What is the specific purpose or goal that will be achieved by the funds being requested?

The project integrates mental health (MH) services in existing community-based substance use disorder (SUD) treatment programming offered by WestCare at its Davis-Bradley Community Involvement Center. The project will improve the outcomes of offenders with co-occurring MH and SUD disorders (COD) who are enrolled in evidence-based residential SUD treatment (90% of these participants suffer with COD). WestCare’s SUD treatment contract with the FL Dept. of Corrections does not pay for MH services.

13. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Amount Requested (Should equal 4d, Col. E) Enter “0” if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> b. Other Salary and Benefits	A portion of administrative functions: contracts management, sustainability, fund development, communications and marketing, finance management, human resources, compliance, risk management,	92,238

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	evaluation, quality improvement, facilities management, staff and program development, safety and information systems and procurement. WestCare GulfCoast-Florida's federally approved indirect rate of 26%.	
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	(A) Psychiatric ARNP (.75 FTE) (100% requested) provides direct mental health services to participants under supervision of a physician (B) Case Manager (3 FTE) (100% requested) coordinates care and ensures individualized needs of persons served are met. (C) Mental Health Counselor (1 FTE) (100% requested) provides treatment/counseling services to participants with co-occurring MH/SUD disorders.	347,382
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Staff recruitment and onboarding.	180
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Physician/Medical Director (4	7,200

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	hours per week) to supervise all mental health overlay services and the Psychiatric ARNP.	
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		447,000

14. For Fixed Capital Costs requested in Question 13, what type of ownership will the facility be under when complete?
- For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Government (e.g., police, fire or local government buildings, local roads, etc.)
 - State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
 - Other (Please describe)
15. Is the project request an information technology project?
No
16. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?
No
17. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?
No
18. Will the requested funds be used directly for services to citizens?
Yes
- a. What are the activities and services that will be provided to meet the purpose of the funds?

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The requested support will fund critical integrated behavioral health services to address the complex needs of high-risk and high-need adults involved in the criminal justice system, receiving community-based treatment for co-occurring substance use and mental health disorders (COD).

b. Describe the direct services to be provided to the citizens by the funding requested.

Individual and group counseling for co-occurring disorders (COD), specialized COD education and support group, medication management and monitoring, spiritual wellness education, peer support, and family involvement/support groups.

c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups"). Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe): Individuals with COD: co-occurring (two or more) behavioral health disorders

d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100

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- 101-200
- 201-400
- 401-800
- >800

19. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit or outcome
<input type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	At least 80% of participants will exhibit improved psychiatric symptoms and functioning.	Participant self-reporting of improvements Progress notes by clinical team Participant adherence to treatment plan Participant compliance with program requirements Results of ongoing participant assessments using validated clinical tools.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		

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<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	The program will exhibit at least a 50% increase in participants with COD securing employment during program participation.	Participant self-reporting Documentation of participation in employment readiness classes. Progress notes from case management follow-up Documentation of employment.
<input checked="" type="checkbox"/> Reduce recidivism	The project will decrease recidivism rates among participants during participation and six (6) months post-discharge.	No documented involvement in the criminal justice system Progress notes from case management follow-up.
<input checked="" type="checkbox"/> Reduce substance abuse	At least 85% of participants will not relapse and remain drug-free during treatment.	Clean results from randomized, science-based urine drug testing (random) Progress notes by clinical team Participant adherence to treatment plan and compliance with program requirements.
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		

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<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		